

**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DoDDS)
VOLUNTARY QUESTIONNAIRE**

*Form Approved
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The public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0370). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO:

**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS, HUMAN RESOURCES CENTER
4040 NORTH FAIRFAX DRIVE, ARLINGTON, VA 22203-1634**

GENERAL INFORMATION

The information from this questionnaire is used to help insure that the Department of Defense Dependents Schools (DoDDS) personnel practices meet the requirements of Federal law. Your responses are voluntary. Any information you furnish will be used only for the purpose of producing statistical reports. There will be no consequence to you whether or not you furnish the information since it will not be used in any determination that affects you individually. This form will be maintained separately from your application materials. Furthermore, the statistical reports mentioned above will be in the form of aggregate totals and will not identify you in any way as an individual. Please read each item thoroughly before completing the appropriate code number in each box.

QUESTIONNAIRE

1. HOW DID YOU LEARN ABOUT THE DODDS EMPLOYMENT OPPORTUNITIES?

(You may select up to three choices.)

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GENERAL

- 01** - Friend or relative working for DoDDS
- 02** - Friend or relative not working for DoDDS
- 03** - On-campus recruitment by DoDDS
- 04** - Direct mailing by DoDDS
- 05** - Government job information center
- 06** - State employment office
- 07** - Private information office
- 08** - State rehabilitation center
- 09** - Veterans association/employment office
- 10** - School placement officer

0A - Print advertisement - Name of publication: _____

0B - On-line information - Name of site: _____

0C - Professional conventions/meeting - Name of event: _____

0D - Other *(please specify)*: _____

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
VOLUNTARY QUESTIONNAIRE *(Continued)*

2. RACE, ETHNICITY, AND SEX. Please identify yourself in terms of the race, ethnicity, and sex categories below.

First read definitions of subcategories.

CATEGORIES AND DEFINITIONS

This information is voluntary. Your failure to report this information will have no effect on you or on your Federal employment.

Race:

- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.

- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This includes, for example, China, India, Japan, or Korea.

- **Black or African American.** A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).

- **Native Hawaiian or other Pacific Islander.** A person having origins in any of the original peoples of Hawaii or any other Pacific Islands. This includes, for example, the Philippine Islands and Samoa.

- **White.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.

Ethnicity:

- **Hispanic or Latino.** A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.

a. RACE *(Select one or more)*

- 1 - American Indian or Alaska Native
- 2 - Asian
- 3 - Black or African American
- 4 - Native Hawaiian or Other
Pacific Islander
- 5 - White

b. ETHNICITY

- 1 - Hispanic or Latino
- 2 - Not Hispanic or Latino

c. SEX

- M** - Male
- F** - Female

3. REPORTABLE DISABILITY.

A physical or mental disability is NOT determined by a person's ability to perform his or her work but by a disability, or a history of such disability, which is likely to cause the employee to experience difficulty in obtaining, maintaining or advancing in employment. This does not apply solely to an employee's current position, but applies to the total career life cycle of that employee. *(In the case of multiple disabilities, choose the code which describes the impairment that would most likely result in such difficulties.)* Do you have any physical disability?

If "Yes", enter 1
If "No", enter 2